



Projet
Suivi
Communautaire

Projet Suivi Communautaire – Community Support Program
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REFERRAL FORM Community Support

Client Information

Name : _____

F M Other

Address : _____

Language: Fr En Other

Phone (home) : _____

Phone (other) : _____

E-Mail: _____

Date of birth: ____/____/____

Referring Organization

Referring person and organisation: _____

Referrer's contact: _____

Request initiated by : Referrer Client

Goals

Client's goals	Referrer's goals
1.	1.
2.	2.
3.	3.

Client's current situation: _____

Other services and resources used by the client: _____

Date of referral : ____/____/____

Date of client's confirmation: ____/____/____

* If the first contact is initiated by the referrer, he/she has to ask the client to confirm the referral by phone. Otherwise, the referral process will not be completed.